## Best Available Copy

P	<b>ATFNT</b>	APPLICATION	<b>FEE DETERMINAT</b>	ION RECORD
г		AFFLICATION	CEE UE LENWINAL	IVII REGUND

Effective October 1, 2000

Application or Docket Number

yus0 -114

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THA		
TOTAL CLAIMS			16		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			RATE FEE		<b>)</b>	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	•	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		* <i>O</i>			X\$ 9=		OR	X\$18=	*
INDEPENDENT CLAIMS			2 minus 3 =		• 2			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		•			+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II									, 0, 1	OTHER		
		(Column 1)		(Colu		(Column 3)		SMALL		OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT	N.	NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FINOT PRESE	INTATION OF MI	ULTIPLE DEF	ENDEN	CLAIM		1	+135=		OR	+270=	
					•			TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)		ADDI1:1 CE			ADDIT: I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDV	Total	*	Minus	**	1	= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL AINA	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JUIPLE DEF	ENDEN	CLAIM		ا ا	+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CLAIM	=	Н	X40=		OR	X80=	
<b></b>		····					1	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												